FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

FILED Jan 20 1998 8:00am Secretary of State

 Corporation 	MENT # 127874 BD +H A- INC	(6)			
i OLLI-III	IO TEA INO				
Principal Place	e of Business	Mailing Address	- e i :		
WINTER HAVE	LAKE OTIS DRIVE N FL 33880	P.O. BOX 806 WINTER HAVEN FL 338	882	DO NOT WRITE IN THI	S SPACE
US i		US		3. Date Incorporated or Qualified	00.7.02
2. Principal Pl	ace of Business	2a. Mailing Address	<u>.</u>	07/10/1933 4. FEI Number	Applied For
21		26	<u> </u>	59-0406370	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	:	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		C. Flaction Compoint Francisco	Fee Required
23		28	:	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registere	d Agent
POLLARD, HERBERT A					
1102 N LAKE OTIS DR WINTER HAVEN, FL			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
WINTERHAVEN, FL WINTERHAVEN FL 33880			83		
THE LEAD TO COOL			84 City		. 85 Zip Code
			1 1 1 1 1	F	┗╎╎┆
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar, with, and accept the obligations of Section 607.0505, Florida Statutes.					
agent. I ar	n familiar with, and accept the obligat	ions of, Section 607,0505, F	Florida Statutes.	and the doubt of the decision is the decision and decisio	ppolitarione as registered
SIGNATURE	Signature, typed or printed name of registered agent	Ja (Poro) //	7/98 OTE: Registered Agent signature requ	ired when reinstallno) DATE	· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VS	DELETE	1.1 TITLE		Change Addition
NAME	POLLARD, HELEN		1 2 NAME		
STREET ADDRESS	1102 NORTH LAKE OTIS DRIV	E	1.3 STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN FL	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition
NAME	POLLARD, JR. H A.	-	2.2 NAME		
STREET ADDRESS	1102 NORTH LAKE OTIS DRIVI WINTER HAVEN FL	E	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER FRAVEIN FL	☐ DELETE	2. 4 CITY - ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		J
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		1-1 OCCC16	5.1 TITLE		Grange 1 Appending
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I hereby certify that the Information supplied with this filing does not qualify for (he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.